

APPENDIX C

This is a "sample" form and should be reviewed and edited as necessary by a licensed physician to better suit your own particular situation and locale. Such a form serves to verify the medical readiness of a participant that has been under the care of the treating physician. It should be executed by the treating physician and kept on permanent file for ready reference.

SAMPLE

ATHLETIC INJURY REPORT FORM

Name _____ Date of Birth ____/____/____

School/Organization _____ Coach's Name _____

Location _____ Telephone _____

Parent/Guardian Name _____ Telephone _____

Area Injured _____ Date of Injury ____/____/____

Mechanism of Injury _____

First-aid Provided _____

Evaluation _____

Diagnosis _____

Treatment _____

Practice/Competition/Recommendations:

- Full participation
- Limited participation with following restrictions: _____

No participation until further evaluation Re-examination date ____/____/____

Examiner _____ Date of Exam ____/____/____